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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	10/017,640	NOV 22 2005
Filing Date	December 14, 2001	
First Named Inventor	William Matz	
Art Unit	3629	
Examiner Name	J. P. Ouellette	
Attorney Docket Number	BS01342	

**ENCLOSURES**

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	11/22/05		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	11/22/05
Signature			

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 22 2005

In re application of: William Matz et al. Group Art Unit: 3629  
Application No.: 10/017,640 Examiner: J. P. Ouellette  
Filed: December 14, 2001  
Title: "System and Method for Identifying Desirable Subscribers"

## VIA FACSIMILE 571-273-8300

Attn: Examiner J. P. Ouellette

## 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/22/05 (date of transmission).

Maureen M. Pettine  
Name of Person Faxing This Paper

Maureen M. Pettine  
Signature

November 22, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929	Houston, John	03/2002
5,872,588	Aras, et al.	02/1999
5,796,952	Davis, et al.	08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters  
Attorney for Applicants  
Registration No. 45,197  
P. O. Box 5743  
Williamsburg, VA 23188  
Telephone: 757.253.5729

Date: 11/22/05

# FEET TRANSMITTAL

## for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/017,640	RECEIVED
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First Named Inventor	William Matz	
Examiner Name	J. P. Ouellette	
Art Unit	3629	NOV 22 2005
Attorney Docket No.	BS01342	

TOTAL AMOUNT OF PAYMENT	\$180.00
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### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other  
 Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

### The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES		SEARCH FEES		EXAMINATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	600
Provisional	200	100	0	0	0

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Enty Fee (\$)			
Each claim over 20 (including Reissues)	50	25			
Each independent claim over 3 (including Reissues)	200	100			
Multiple dependent claims	360	180			
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- 20 or HP =	x	=	=	Fee (\$)	Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	=

HP=highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up) x	=

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

\$180.00

SUBMITTED BY:		Complete (if applicable)		
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone: (757) 253-5729
Signature	<i>Bambi F. Walters</i>		Date	11/22/05

# FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/017,640	RECEIVED
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Examiner Name	J. P. Ouellette	
Art Unit	3629	NOV 22 2005
Attorney Docket No.	BS01342	

**TOTAL AMOUNT OF PAYMENT** **\$180.00**

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other  
 Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

**The Director is authorized to: (check all that apply)**

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION**

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
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Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Enty Fee (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): Supplemental IDS \$180.00

SUBMITTED BY:			Complete (if applicable)	
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone: (757) 253-5729
Signature	<u>Bambi F. Walters</u>	Date	11/22/05	

Please type a plus sign (+) inside this box → +

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
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Substitute for form 1449A/PTO		Complete if Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>		Application Number	10/017,640
		Filing Date	December 14, 2001
		First Named Inventor	William Matz
		Group Art Unit	3629
		Examiner Name	J. P. Ouellette
Sheet	1	of	1
		Attorney Docket Number	BS01342

Examiner Signature		Date Considered	
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**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.